

CT-IFTA-2
Application For
International Fuel Tax Agreement (IFTA) License
Connecticut Carrier

2002

(Rev.08/01)

If registered, enter Connecticut Tax Registration Number.										
								0	0	0

☐ Please check if your mailing address
has changed, and indicate new address.

Please read all instructions on back before completing.

For DRS Use Only				1. Reason for Applying	
TAX	REC	TR	AD	<input type="checkbox"/> New Account <input type="checkbox"/> Registration of Additional Vehicles <input type="checkbox"/> Other (Explain)	
00				2. Print Owner, Partner, or Corporate Name	
00				3. Print Trade Name or Registered Name If Different From Line 2 Above	
00				4. Print Physical Location of Business (<i>PO Box Is Not Acceptable</i>) Zip + 4	
00				5. Print Mailing Address of Business If Different From Line 4 Above Zip + 4	
00				6. Print Name and Home Address of Owner, Partner, LLC Member, or Corporate Officer Zip + 4	
00				7. Print Name and Home Address of Owner, Partner, LLC Member, or Corporate Officer Zip + 4	
General Information				8. Type of Ownership (If "Other," attach explanation) <input type="checkbox"/> Other <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company	
				8a. Organized Under Laws of What State?	
10. Enter name (s) of lessor(s) who lease vehicles to you (attach list if needed).				9. Are you currently or have you been registered with another jurisdiction for the International Fuel Tax Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				9a. If Yes, Enter Name of Jurisdiction.	
11. Describe in detail the type of business you operate.				Name Address ZIP	
				Name Address ZIP	
12. Do you store fuel in bulk?				<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Where is the fuel stored? _____	
12a. Types of Fuel Used				____ Diesel ____ Gasoline ____ Ethanol ____ Propane ____ Natural Gas ____ A-55 ____ E-55 ____ M-85 ____ Gasohol ____ LNG ____ Methanol	
13. Enter (X) for the jurisdictions in which you operate or anticipate operating:					
____ AL - Alabama ____ ME - Maine ____ OH - Ohio ____ AB - Alberta					
____ AZ - Arizona ____ MD - Maryland ____ OK - Oklahoma ____ BC - British Columbia					
____ AR - Arkansas ____ MA - Massachusetts ____ OR - Oregon ____ NB - New Brunswick					
____ CA - California ____ MI - Michigan ____ PA - Pennsylvania ____ MB - Manitoba					
____ CO - Colorado ____ MN - Minnesota ____ RI - Rhode Island ____ ON - Ontario					
____ CT - Connecticut ____ MS - Mississippi ____ SC - South Carolina ____ QC - Quebec					
____ DE - Delaware ____ MO - Missouri ____ SD - South Dakota ____ SK - Saskatchewan					
____ FL - Florida ____ MT - Montana ____ TN - Tennessee ____ NF - Newfoundland					
____ GA - Georgia ____ NE - Nebraska ____ TX - Texas ____ NW - NW Territory					
____ ID - Idaho ____ NV - Nevada ____ UT - Utah ____ NS - Nova Scotia					
____ IL - Illinois ____ NH - New Hampshire ____ VA - Virginia ____ PE - Prince Edward Isle					
____ IN - Indiana ____ NJ - New Jersey ____ VT - Vermont ____ YU - Yukon Territory					
____ IA - Iowa ____ NM - New Mexico ____ WA - Washington ____ DC - District of Columbia					
____ KS - Kansas ____ NY - New York ____ WV - West Virginia					
____ KY - Kentucky ____ NC - North Carolina ____ WI - Wisconsin					
____ LA - Louisiana ____ ND - North Dakota ____ WY - Wyoming					

This Section Must Be Completed by All Applicants.	14. Enter Total Number of Qualified Vehicles to Be Registered ▶ _____ x \$10 = ▶ \$ _____
	Make check or money order payable to: Commissioner of Revenue Services

I declare under the penalty of false statement that I have examined this application, **CT-IFTA-2**, and to the best of my knowledge and belief it is true, complete, and correct. The applicant agrees to comply with reporting, payment, recordkeeping, and license display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that base jurisdiction may withhold any refunds due if the applicant is delinquent in paying fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of license in all member states.

X

Authorized Signature _____ Title _____ Date _____

Please Do Not Write Below This Line - For Department Use Only

For DRS Use Only ▶	TAX	REC	TRANS	REGISTRATION DATE	NAICS CODE	TYPE ORG	STATE	LEGAL DATE	
	00	10		/ /				/ /	
	TAX	REC	TRANS	REGISTRATION DATE	START DATE	TOWN	SOURCE	FILE CODE	EXT OPR
	41			/ /	/ /		1		
	SECURITY NO.	SECURITY DATE	SECURITY AMOUNT	REF. BOND DATE	REF. BOND AMOUNT	REG. YEAR	FEE REMITTED		
	/ /		/ /			02			

— Decals Are Not Transferable From Vehicle to Vehicle or From Company to Company —

Do not use this International Fuel Tax Agreement (IFTA) application to request Connecticut motor carrier road tax decals. For Connecticut motor carrier road tax decals, please request and complete Form REG-3MC, Application for Motor Carrier Road Tax.

Application for International Fuel Tax Agreement (IFTA) License

Qualified motor vehicles are those that are used, designed, or maintained for transportation of persons or property **and**:

1. Have two axles and a gross vehicle weight or registered gross vehicle weight exceeding 26,000 pounds or 11,797 kilograms; **or**
2. Have three or more axles regardless of weight; **or**
3. Are used in combination, when the weight of such combination exceeds 26,000 pounds or 11,797 kilograms gross vehicle or registered gross vehicle weight.

The term **qualified motor vehicle** does not include recreational vehicles.

Instructions

1. Reason for applying: Indicate new account, registration of additional vehicles, or other reason (renewal, replacement decals, or change of ownership). If there has been a **change of ownership**, you must apply for a new CT-IFTA Number (use this Form CT-IFTA-2). If you are registered with the Connecticut Department of Revenue Services, enter your Connecticut Tax Registration Number in the upper right corner of this form.
2. Print name of owner, partnership, limited liability company, or corporate name. Enter proprietor's name if a sole proprietorship.
3. Print trade or registered name if different from Line 2. A trade or registered name is the name **under which business is** done, but not necessarily the owner's name. Example: If John Travel is the proprietorship entered on Line 2, but John T. Trucker Co. is the name chosen by John Travel for his business, then John T. Trucker Co. is the name that he would enter on Line 3.
4. Print physical location of business (PO boxes are not acceptable). Indicate where business is actually located.
5. Print mailing address of business if different from Line 4. Only complete this if different from the business address listed above.
6. Print name and home address of proprietor, partner, LLC member, or corporate officer. Identify proprietor, if a sole proprietorship; partners, if a partnership; or officers, if a corporation.
7. Print home address of partner, limited liability member, or corporate officer.
8. Type of ownership (if other, attach explanation): Indicate the type of business and enter its Federal Employer Identification Number. If it is a sole proprietorship with no employees and is not required to have a Federal Employer Identification Number, enter the proprietor's Social Security Number.
 - 8a. Enter the name of the state under the laws of which the business is organized.
9. Indicate whether you are currently or were previously registered with another jurisdiction for the International Fuel Tax Agreement.
 - 9a. If you checked "Yes," on Line 9 enter the name of the jurisdiction you are currently or were previously registered in for the International Fuel Tax Agreement.
10. Enter name(s) of lessor(s) who lease vehicles to you. Attach list if needed.
11. Describe in detail the type of business you operate.
12. Indicate if you store fuel in bulk and where it is located.
 - 12a. Types of fuel used: Enter an "X" to indicate the type(s) of fuel used in your qualified motor vehicles.
13. Enter an "X" indicating the jurisdictions in which you are likely to operate.
14. Indicate the number of IFTA qualified motor vehicles requiring decals. Two numbered decals will be issued for each qualified motor vehicle. One decal must be placed on the lower rear exterior of the passenger side cab door and the matching decal must be placed on the lower rear exterior of the driver side cab door of each vehicle.

This application must be signed by the owner, partner, or corporate officer of the company.

Failure to complete all items on this form will delay your decals.

Return completed applications to:

Department of Revenue Services
Registration Section
PO Box 2937
Hartford CT 06104-2937

Make all checks payable to: **Commissioner of Revenue Services**

If you need additional information or assistance about applications or registering your vehicle(s), please call the Department of Revenue Services, Registration Section, at **860-297-4870**, Monday through Friday, 8:00 a.m. to 5:00 p.m.